

QUALIFIED APPLICATOR LICENSE APPLICATION

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DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM

1001 I STREET

SACRAMENTO, CALIFORNIA 95814-2828

(916) 445-4038

FAX - (916) 445-4033

Web site: <http://www.cdpr.ca.gov/>**The mailing address you indicate on this application is your address of record for your license/certificate. Therefore it is public information. You may wish to use a post office box in lieu of the physical address as an address of record.****A. Application Type.** Check the appropriate box(es).

- ☐ NEW APPLICATION - FIRST TIME APPLICATION ☐ REEXAMINATION - FAIL OR NO SHOW ON PREVIOUS EXAMS ☐ DUPLICATE/REPLACEMENT LICENSE
- ☐ PEST CONTROL CATEGORY EXAMINATION ☐ NAME/ADDRESS CHANGE ☐ OTHER - Specify _____

B. Applicant Information. Please print or type.

NAME (Last)	(First)	(Middle Initial)	QAL NUMBER/EXAM ID NUMBER	HOME TELEPHONE NUMBER ()
MAILING ADDRESS (Number and Street)			SOCIAL SECURITY NUMBER (Optional)	WORK TELEPHONE NUMBER ()
(City)	(County)	(State)	(ZIP Code)	CELL TELEPHONE NUMBER ()
CURRENT EMPLOYER (Check only one box) <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Pest Control Business <input type="checkbox"/> Maintenance Gardener <input type="checkbox"/> Private Business <input type="checkbox"/> Other				EMAIL ADDRESS
EMPLOYER NAME AND MAILING ADDRESS (If Applicable) (Name, Number and Street, City, State, Zip Code)				

C. Laws, Regulations and Basic Principles Examination. Exemption. See instructions on reverse.

- ☐
- EXEMPT - Check this box and enter the number from your current license or certificate if you are exempt from this examination.

PEST CONTROL ADVISER LICENSE NUMBER	JOURNEYMAN PILOT CERTIFICATE NUMBER	APPRENTICE PILOT CERTIFICATE NUMBER
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D. Examinations. Indicate the examination(s) you want to take by checking the appropriate boxes. See instructions on reverse.

- | | |
|---|---|
| <input type="checkbox"/> (R) Laws, Regulations and Basic Principles (140 questions) | <input type="checkbox"/> (H) Seed Treatment (25 questions) |
| <input type="checkbox"/> (A) Residential, Industrial, and Institutional (100 questions) | <input type="checkbox"/> (I) Animal Agriculture (100 questions) |
| <input type="checkbox"/> (B) Landscape Maintenance (100 questions) | <input type="checkbox"/> (J) Demonstration and Research (100 questions) |
| <input type="checkbox"/> (C) Right-of-Way (100 questions) | <input type="checkbox"/> (K) Health Related (100 questions) |
| <input type="checkbox"/> (D) Plant Agriculture (100 questions) | <input type="checkbox"/> (L) Wood Preservation (Subcategory of A and C) (100 questions) |
| <input type="checkbox"/> (E) Forest (100 questions) | <input type="checkbox"/> (M) Antifouling-Tributyltin (Subcategory of A) (50 questions) |
| <input type="checkbox"/> (F) Aquatic (100 questions) | <input type="checkbox"/> (N) Sewer Line Root Control (Subcategory of A) (66 questions) |
| <input type="checkbox"/> (G) Regulatory (100 questions) | |

E. Examination Schedule. To complete this section, see attached Examination Schedule for the month, date, and location.

EXAMINATION MONTH	EXAMINATION SITE LOCATION
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F. Reasonable Accommodation.

- ☐
- Check if you need reasonable accommodation to take a written exam.

G. Fees. All fees are non-transferable and non-refundable.

	Amount	# of Exams	Total Amount
New Applicant Fee	\$80	---	\$ _____
Examination Fee	\$50	X	\$ _____
Name/Address Change, Duplicate/Replacement Fee	\$20	---	\$ _____
Total Fees Due/Enclosed			\$ _____

H. Read Before Signing. During the last three years have you had any administrative, civil, or criminal action taken against you for violation of any State or federal laws or regulations relating to the application or use of pesticides that resulted in disciplinary or in which any disciplinary action is pending?

- ☐
- YES (State explanation below.)
- ☐
- NO

I. I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct.

APPLICANT SIGNATURE	DATE SIGNED
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FOR OFFICIAL USE ONLY	LICENSE NUMBER	COMPUTER ENTRY DATE	RC RECEIVED AND DATE
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Instructions on reverse

QUALIFIED APPLICATOR LICENSE APPLICATION INSTRUCTIONS

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A. Application Type. Check the appropriate box(es).

- ☐ **New Application:** If you:
 - ✓ Are applying for a Qualified Applicator License for the first time.
 - ✓ Failed to obtain your license within 12 months from the first date you scheduled your examination.
 - ✓ Failed to meet the renewal requirements by the expiration of your license.
- ☐ **Add Pest Control Category(ies):** Requesting to take pest control category examinations not yet taken. If passed, the category(ies) will be added to your existing license.
- ☐ **Reexamination:** Scheduling an examination on which you failed to obtain a passing score or failed to appear for a previously-scheduled examination.
- ☐ **Duplicate/Replacement License:** Requesting a duplicate or replacement license.
- ☐ **Name/Address Change:** Requesting a name and/or address change. Submit a copy of the legal document substantiating the name change. Address changes may be made directly on the application form.
- ☐ **Other:** Any other change, please specify the change.

B. Applicant Information: Enter your name, Qualified Applicator License or Exam Identification Number if applicable, address, email address, home, work, and cell telephone numbers, Social Security number (optional), employment type, and current employer (if applicable). **NOTE:** The Department of Pesticide Regulation (DPR) utilizes your Social Security number as an alternate source of applicant identification, as many names are similar. Providing your Social Security number is strictly voluntary in accordance with the Privacy Act of 1974 (PL-93-579). This is not public information and will not appear on any publication, etc. produced or distributed by DPR.**C. Laws, Regulations and Basic Principles Examination.** Exemption. If you have passed the Laws, Regulations and Basic Principles Exam within one (1) year or have a current Pest Control Adviser License, Journeyman Pilot Certificate or Apprentice Pilot Certificate, check the "Exempt" box. To qualify for this exemption you must enter the number from your current license or certificate. The Qualified Applicator Certificate does not meet the exemption requirements.**D. Examinations.** Indicate the examinations you want to take by checking the appropriate boxes. In addition to the Laws, Regulations and Basic Principles Examination, each new applicant must successfully pass at least one of the pest control categories (A-N) before a Qualified Applicator License is issued. A maximum of four (4) examinations may be scheduled per location (testing may occur at only one location per month).**E. Examination Schedule.** Indicate the exam month and location in the appropriate boxes. This information may be obtained from the Exam Schedule provided with the General Information Packet or from DPR's web site at <www.cdpr.ca.gov>. The exam schedule gives the location, schedule, and final filing dates. If you are requesting to take the examination(s) at a specific location and date, your application must be *postmarked* by the final filing date for that location.**F. Reasonable Accommodation.** Reasonable Accommodation will be provided to applicants who need assistance to take a written exam. If you check "Yes", you will be contacted via telephone or mail to make specific testing arrangements.**G. Fees. All fees are non-transferable and non-refundable.**

New Applicant Fee: \$80

Name/Address Change Fee: \$20 (see below)

Examination Fee: \$50

Duplicate/Replacement Fee: \$20 (see below)

A new applicant fee is only required if you meet the criteria for a "New Application" as stated above in Section A, Application Type.

An examination fee of \$50 is required for each examination (including Laws, Regulations and Basic Principles) you are requesting to schedule. A fee for an address change is only required when the licensee requests a new license be issued (printed and mailed). A maximum fee of \$20 is due for all name/address changes and requests for a duplicate/replacement licenses submitted on a single application. The \$20 fee is waived when a license is printed to add a category after successfully passing the examination.

H. Read Before Signing. Check appropriate box.**I. Declaration/Signature Block.** Sign and date your application. Enclose a check, money order or credit card payable to "Cashier, DPR" and mail to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

Failure to complete or provide the requested information may delay the processing of your application.